

Conclusion

The Annex provides innovative harm-reduction programming for homeless men with markedly higher rates of alcohol dependence and years on the street.

SPECIAL POPULATIONS II

Drug Use, Sexuality, and Attributions of Unsafe Sex Behaviors Among a Diverse Group of Men Who Have Sex With Men

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ABSTRACT*Objectives*

Although ample research associates drug use and sexual risk-taking of men who have sex with men (MSM), very little research attempts to understand MSM's subjective meanings and overall intended functions of drug use during sexual behaviors. This qualitative study explored (1) the relationship between substance use and sexual behaviors and (2) the perceived role of drug use in unsafe sexual behaviors among MSM.

Method

This exploratory study utilized a maximum variation sampling strategy with respect to age, sexual identity, sexual behaviors, occupation, and drug use to recruit a diverse group of MSM. In response to 17 open-ended semistructured interview items, participants described their drug use behaviors, affiliation with drug "scenes," and drug use during sexual play. Analysis of audiotaped and transcribed interviews of participants' accounts revealed common themes consistent across the participants' experiences.

Results

The research participants consisted of 27 MSM who were sexually active and used recreational substances within the last 3 months of their interview. Regardless of their sexual identity, participants believed in a widely held assumption that drug use is pervasive within the urban gay male community and highly characteristic of most gay men. Such an assumption stressed the intimate connection between drug use and the "gay lifestyle" that not only described, but also prescribed gay male sexual behaviors. Participants used drugs not only to initiate anonymous or casual MSM sexual encounters, but also to incorporate recreational substance use as part of the sexual act as a means to accomplish specific desired effects. Despite the importance of recreational substance use during their MSM sexual behaviors, many participants were skeptical of the persistent expectation that drug use necessarily "causes" unsafe sex. Instead, participants attributed unsafe sexual behaviors to an individual's personal choice, maturity, or experience with MSM.

Conclusion

Careful consideration should be given to the social role and subjective meanings of drug use as it relates to sexual behaviors to further understand the link between recreational substance use and the transmission of human immunodeficiency virus (HIV) among inner-city MSM.

Trends in Police Contact With Persons With Serious Mental Illness in a Midsize Canadian City

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ABSTRACT

Objectives

The Consortium for Applied Research and Evaluation in Mental Health (CAREMH) was established to undertake a comprehensive research program on the effects of deinstitutionalization on individuals with SMI (serious mental illness) in southwestern Ontario, Canada. Due to provincial decisions to close or downsize psychiatric hospitals, increasing numbers of patients are being discharged to "community care." Because the literature suggests that criminal justice institutions sometimes assume certain functions once performed by psychiatric hospitals, one element of the research program involved examining changes over time in the pattern of contacts between police and people with SMI and the associated financial costs. The London Police Service became involved in this research project as a means of quantifying those contact changes to address emerging training and resource allocation issues.

Methods

The London Police maintain a database that is used to track information related to people and to events with which the police have had involvement. To identify the target population within the police database, records of all individuals who appeared in the database from 1998 were searched for variables identified by several Consortium for Applied Research and Evaluation in Mental Health investigators as corresponding to a definite, probable, or possible diagnosis of SMI. Individuals were classified as definite, probable, or possible. Individuals were assigned an identification number and were tracked through the system by the assignment of an innocuous study flag.

Results

The number of individuals who had contact with the police increased, as did the percentage of those with more than five contacts. Officers who dealt with an individual with SMI spent substantially more time, laid many more charges, and made substantially more arrests in 2001 than in 1998. Specifically, more charges were laid for mischief-type offenses in 2001 than in 1998. Officers also spent much more time per occurrence. This increase in time suggests that they are laying charges to effect closure after exhausting all other options.

Conclusions

The criminal justice system is an inappropriate place to meet the treatment needs of the SMI. Police officers are not mental health professionals and do not have the resources to assist this population appropriately. This trend toward the criminalization of the SMI is alarming. Research supports that most of the needs of the SMI are better met outside a hospital setting. However, appropriate resources need to be in place in the community to ensure that this population receives the best possible range of treatment options.

“Opican”: a Multisite Cohort Study of Untreated Illicit Opiate Users in Canada

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ABSTRACT

Objectives

Our objective is to determine and monitor the key health, social, and behavioral characteristics (i.e., sociodemographic characteristics, physical and mental health, drug use profiles, treatment experiences and needs, involvement with the criminal justice system) of untreated illicit opiate users in the five Canadian study sites (Vancouver, Edmonton, Toronto, Montreal, and Quebec City). This information is being collected to assemble an empirical picture of key characteristics of illicit opiate users not in treatment across Canada and to provide the empirical basis for an evidence- and needs-based improvement and expansion of treatment.

Methods

This is a multisite prospective cohort study of more than 300 untreated illicit opiate users; it consists of a core study protocol and various substudy protocols. Baseline and multiple rounds of follow-up data will be collected for all study sites over a 3-year period. Quantitative (i.e., survey questionnaire), qualitative (i.e., open-ended interview), and clinical (saliva samples for infectious disease testing) assessment methods are employed. Prospective participants are recruited through snowball techniques and peer and institutional referral via printed materials. Eligibility of study participants is determined through a telephone screener, followed by a drug screener; eligible participants are invited for an anonymous one-on-one assessment and supplementary testing. Subjects provide informed consent and are paid an honorarium for participation.

Results

Baseline data collection is in progress at all study sites (to be completed by August 2002). Also, on the basis of preliminary (partial) baseline data review, our hypotheses include that

- The study will indicate a diversified picture of untreated illicit opiate users across the study sites.
- Untreated illicit opiate use is typically embedded into a profile of polydrug use/dependence, including a variety of nonopiate drugs.
- Illicit opiate use consists both of street opiates (heroin) and of opiate prescription medications and hence is characterized by a mix of injection and noninjection use.
- Users will be characterized by considerable health problems on both the physical and the mental health levels (comorbidity).
- Many users have had experiences with the existing treatment system (i.e., methadone treatment), yet do not see a need or are not willing to engage in full-blown treatment under given conditions.

Conclusions

Study data may provide confirmation of the existence of a diverse opiate-using population and shifting patterns of illicit opiate use across Canada. Consequently, more diverse and needs-responsive treatment interventions may be required.

Explaining Mortality Among Street Youths

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ABSTRACT

Objective

We estimated mortality rate and identified causes and predictors of death among street youths.

Methods

From January 1995 to September 2000, street youths aged 14 to 25 years were recruited in a prospective cohort study. During their semiannual follow-up interview, they completed a questionnaire on sociodemographics, drug and alcohol use, and sexual behaviors, and they provided a saliva sample for human immunodeficiency virus (HIV) antibody testing. Mortality data were obtained from the coroner's office and the Institut de la statistique du Québec, Canada.

Results

By June 2001, 26 (22 boys, 4 girls) of the 1,013 participants (67.4% boys; mean age at study entry 19.9 years) had died, for a mortality rate of 0.89 per 100 person-years (95% confidence interval [CI] 0.59–1.30). This rate was 10.95 times higher than the rate for the general population of the province of Quebec, adjusting for age and sex. The observed causes of death were suicide (13), overdose (8), accident (2), fulminant hepatitis A (1), unidentified (1); cause for 1 case is still pending. Of the 31 HIV-infected cohort participants, 4 died of the following causes: overdose (1), suicide (1), fulminant hepatitis A (1), results pending (1). Using univariate Cox regression analyses, being HIV infected (hazard ratio [HR] = 7.9), homelessness in the last 6 months (HR = 4.1), daily alcohol use in the last month (HR = 3.8), injection drug use in the last 6 months (HR = 3.8), and use of more than two drugs in the last month (HR = 2.7) were found to be statistically significant predictors of mortality (all $P < .05$). Gender, age, sexual abuse, sexual orientation, homosexual activities (with casual/regular partners), and survival sex were not significantly associated with mortality. In multivariate Cox regression analyses, being HIV infected (adjusted hazard ratio [AHR] = 6.1, CI 2.0–18.1), daily alcohol use (AHR = 3.4, CI 1.4–8.1), homelessness (AHR = 3.1, 95% CI 1.2–8.0), and drug injection (AHR = 2.6, 95% CI 1.1–5.8) were identified as independent predictors of mortality.

Conclusions

Mortality is very high among street youths. Those at highest risk of dying are youths who are HIV infected, youths who are daily drinkers, those who are homeless, and those who are injecting drugs. While the role of HIV infection in the mortality of street youths is still not clear, substance misuse and suicidal thoughts and attempts, in the context of homelessness, clearly play direct causal roles. These problems should be addressed to prevent death in the street youth population.